

5/7 (12)

## APPLICATION FOR A SPECIAL FARMER WINERY LICENSE TO SELL

FOR LICENSING, ACTON BOARD OF SELECTMEN ONLY

Date Recorded \_\_\_\_\_

Amount Paid \_\_\_\_\_

Application Fee \$0 License Fee \$50

Date: 4/22/12

Farmer Winery Legal Name: COASTAL VINOYARDS

Business DBA Name (if applicable): DAVID W. NELSON DBA COASTAL VINOYARDS

Address with Zip Code: 61 PANDON HILL RD SOUTH DARTMOUTH 02748

Tax Identification Number: Check one: ☐ SSN ☒ FEIN 20-8673950

Primary Contact: Phone: 774-202-4876

Address with Zip Code: 61 PANDON HILL RD SOUTH DARTMOUTH, MA 02748

Name of Agricultural Event: ACTON-BOXBOROUGH FARMERS MARKET

Location: PEARL ST., ACTON, MA

Items for Sale and/or Sampling: WINE

Date(s) and Time(s): SUNDAYS JUNE 17 - OCT 21 10AM-1PM

Type of Business (Check one): ☒ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust  
☐ Corporation (inc. LLC) ☐ Other \_\_\_\_\_

IF A SOLE PROPRIETOR:

Owner's Name: DAVID W. NELSON

Address with Zip Code: 61 PANDON HILL RD, SOUTH DARTMOUTH, MA 02748

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Have you ever obtained a special farmer winery license to sell before? Y ☒ N ☐

If yes, list event(s):

Somerville, Wayland, Lexington, Belmont, Falmouth, Sandwich  
Attleboro, Braintree, Quincy

Have you ever had a special farmer winery license denied, revoked or suspended? Y ☐ N ☒

If yes, explain: \_\_\_\_\_

Attach proof of certification that the applicant is a Farmer Winery.

Attach proof of certification that the event is an Agricultural Event.

### ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Town of Acton's Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Town of Acton.

Signature of Applicant: Date: David W. Nelson 4/22/12

Print Name: David W. Nelson

Phone: 774-202-4876

Obtain the signatures below before submitting this form to the Licensing Commission.

☒ Approved ☐ Denied Date  
Fire Prevention Deputy Chief or Designee

☒ Approved ☐ Denied Date  
Police Chief or designee

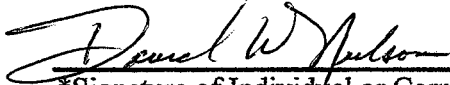
☒ Approved ☐ Denied Date  
Inspectional Services Commissioner or  
designee

J. C. Rambo

Kevin M. Lyon  
Kevin M. Lyon, Deputy Chief 5-1-12

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.



\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)



\_\_\_\_\_  
\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

**The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: DAVID W. NELSON  
Address: 61 Pardon Hill Rd  
City: SOUTH DARTMOUTH State: MA Zip: 02748 Phone #: 774-202-4876

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | Business Type: <input type="checkbox"/> Retail                         |
| <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees.                               | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input type="checkbox"/> Other _____                                   |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: David W. Nelson Date: 4/22/12  
Print Name: DAVID W. NELSON

**Official use only. Do not write in this area. To be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  

<input type="checkbox"/> Board of Health
<input type="checkbox"/> Building Department
<input type="checkbox"/> City/Town Clerk
<input type="checkbox"/> Licensing Board
<input type="checkbox"/> Selectmen's Office
<input type="checkbox"/> Other _____

# The Commonwealth of Massachusetts

## Department of the State Treasurer

Certificate Number 333



License Number FW-63

Alcoholic Beverages Control Commission

*Hereby Grants a*  
**FARMER-WINERY LICENSE**

To: David W. Neilson dba Coastal Vineyards

Business Address: 61 Pardon Hill Road, South Dartmouth, MA, 02748

On the following described premises: (Two story cement wood building; lower part of the garage; two entrances and exits; total square feet, 1,287.)

This license authorizes the above-named holder: (1) to produce, rectify, blend, or fortify from fruits, flowers, herbs or vegetables wine containing not more than 24 per cent of alcohol by volume at 60 degrees Fahrenheit; and, (2) to sell wine or winery products: (a) at wholesale to any person holding a valid wholesaler's and importer's license under section 18; (b) at retail or wholesale to a person in a state or territory in which the importation and sale of wine is not prohibited by law; and, (c) at wholesale to a person in any foreign country.

### This License is subject to the following conditions

1. The licensed premises and all books, records and other documents relating to the business authorized to be conducted under this license shall be subject to inspection at any time by any member of the Commission or any duly authorized agent thereof.
2. Alcoholic beverages shall not be kept or exposed for sale on premises other than those described in this license.
3. Alcoholic beverages shall not be sold delivered or furnished to any person under twenty-one years of age; or delivered by any person under eighteen years of age

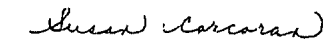
4. Sales and deliveries hereunder are authorized between the hours of 8:00 o'clock AM and 11:00 o'clock PM only.
5. The above-named holder must obtain a license issued under M.G.L. c.138 § 19F to sell at retail by the bottle to consumers, for consumption off the winery premises.

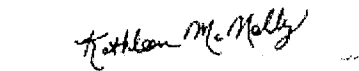
IN WITNESS WHEREOF, the undersigned have hereunto affixed their official signatures this 1/4/2012

**2012**

This License will expire 12/31/2012 unless otherwise suspended or revoked during this period.

  
Chairman

  
Susan Corcoran, Commissioner

  
Kathleen McNally, Commissioner

This license is issued conditionally and subject to the fact that there exists no breach of any condition of any previous license or violation of any law of the Commonwealth under any previous license and this license shall be subject to revocation, cancellation, modification or suspension for any such breach of condition or violation of law.

THIS LICENSE SHALL BE DISPLAYED ON THE PREMISES IN A CONSPICUOUS PLACE WHERE IT CAN BE EASILY READ.

FEE \$22.00

# THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



## Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114  
617-626-1700 fax: 617-626-1850 [www.mass.gov/agr](http://www.mass.gov/agr)



DEVAL L. PATRICK  
Governor

TIMOTHY P. MURRAY  
Lieutenant Governor

RICHARD K. SULLIVAN JR.  
Secretary

SCOTT J. SOARES  
Commissioner

March 21, 2012

David Neilson  
Coastal Vineyards  
61 Pardon Hill Rd.  
S. Dartmouth, MA 02748

Re: Certification of Agricultural Event Pursuant to M.G.L. c. 138, Section 15F

Dear Mr. Neilson:

Please be advised that your application for certification of The Acton Boxborough Farmers' Market, Sundays, 10:00 am to 1:00 pm, June 17 to October 21, 2012 as an agricultural event pursuant to M.G.L. c. 138, Section 15F has been approved. A copy of this letter has been sent to the event management.

Please remember that, upon certification of an agricultural event by MDAR, the farm-winery must submit a copy of the approved application to the local licensing authority along with the application for obtaining a special license from the city or town in which the event will be held. Upon issuance of a special license, the farm-winery should confirm that a copy of the special license was sent by the local licensing authority to the Alcoholic Beverages Control Commission (ABCC) at least seven (7) days prior to the event.

Sincerely,

Scott J. Soares, Commissioner

Enclosure

Cc: Jennifer Taylor Campbell

THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114  
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



Application for Certification of an Agricultural Event for the Sale of Wine

Pursuant to M.G.L. c. 138, Section 15F

\*To be completed by the licensed farm-winery and returned to the  
Agricultural Event Certification Program, 251 Causeway Street, Suite 500, Boston, MA 02114

1. Applicant Information:

Name of Licensed Farm-Winery	COASTAL VINEYARDS		
Farm-Winery License Number	FW-63	State of Issue	MA
Contact Person	DAVID W. NOTLSON		
Address	61 PARDON HILL RD.		
City	SOUTH DARTMOUTH	State	MA
		Zip	02748
Phone Number	774-202-4876	Email	DNOTLSON@COASTAL-VINEYARDS.COM
Name of Agricultural Event (Please attach Approval Letter from event management as required by M.G.L. c. 138, Section 15F)	ACTON BOXBOROUGH FARMERS MARKET		

2. Event Information:

Type of Event	<input type="checkbox"/> Agricultural Fair (as defined by MDAR policy) <input checked="" type="checkbox"/> Farmers Market (as defined by MDAR policy) <input type="checkbox"/> Other Agricultural Event		
Name of Event	Acton Boxborough Farmers Market		
Event Address	Pearl St.		
City	Acton	State	MA
		Zip	01720
Event Phone Number		Event Website	www.abfarmersmarket.org
Primary Contact for Event Jennifer Taylor Campbell			
Contact Address 155 Prospect St.			
City	Acton	State	MA
		Zip	01720
Phone Number	978-877-1657	Email	coordinator@abfarmersmarket.org

List or attach any credentials for training of the on-site manager (Attach resume if applicable):

Heading into fourth season with "on the job" training for market managers

**4. General**

Please attach or provide in the space below a plan depicting the premises and the specific location where the sale of wine will occur at the event as well as a detailed narrative of your plan operations (including the opportunity for sampling or sales only):

Attached is a graphic showing our 2011 line up of vendor spots. ABFM uses the full length of Pearl St. in West Acton. Pearl St. is one block away from Route 111. Rt 111 runs from Route 2 thru Acton and Boxborough to Route 495.

Wine sales will occur at the same table weekly during our ABFM season on Pearl St., approved and allowed by the BOS of Acton.



Signature of Applicant

3/9/12

Date

FW-63

Farm-Winery License Number

MA

State

**FOR DEPARTMENT USE ONLY:**

The event listed above is an approved agricultural event by the Massachusetts Department of Agricultural Resources under M.G.L. C138, Section 15F.

  
Signature

3-21-12  
Date

The event listed above is not approved as an agricultural event by the Massachusetts Department of Agricultural Resources for the following reason(s):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date